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indicated unless correct maintenance fee notifica	ed below or directed oth	nerwise in Block 1, by (a	a) specifying a new cor	respondence address;	and/or (b) indicating a sep	parate "FEE ADDRESS" for
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LEGAL DEPARTMEN 10003 WOODLOCH F THE WOODLANDS, T	OREST DRIVE		I S aa tr	Cer hereby certify that th lates Postal Service w Idressed to the Mail ansmitted to the USP	tificate of Mailing or Transis Fee(s) Transmittal is beinvith sufficient postage for fit Stop ISSUE FEE address TO (571) 273-2885, on the	smission g deposited with the United st class mail in an envelope above, or being facsimile date indicated below.
						(Depositor's name)
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			L			(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	)R	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/579,491 05/16/2006 TLE OF INVENTION:			Philippe Ouziel		TD/4 22984/A/PCT	3427
METHOD OF INCRE	EASING DEPTH SHAD	DE				
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSUI	E FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	08/02/2011
EXAMINER		ART UNIT	CLASS-SUBCLASS			
AHVAZI, BIJAN		1761	008-115510			
<ol> <li>Change of correspondence address or indication of "Fee Address" (3 CFR 1.363).</li> <li>☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
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Please check the appropr	iate assignee category or	categories (will not be pr	inted on the patent):	☐ Individual ☑ Co	orporation or other private gr	oup entity Government
4a. The following fee(s)  ✓ Issue Fee ✓ Publication Fee (N  Advance Order - a	To small entity discount p		4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number08-3442 (enclose an extra copy of this form).			
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